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VOL. XVII.—INTRODUCTORY.

In commencing the 17th Volume of the MEDICAL AND SURGICAL REPORTER as a weekly periodical, and the twentieth year of its existence as a medical journal, we send a number of copies to physicians not subscribers, in different parts of the United States and Canada, and ask from them countenance and support, in both subscriptions and contributions, in the prosecution of our undertaking. The obligation will be mutual. For, on our part, we can assure them that no exertion will be spared to render the REPORTER fully equal to the highest demands of the profession. Its ORIGINAL DEPARTMENT will contain *Lectures* on medicine and surgery from the ablest professors in our various schools; *communications* from practical physicians; reports from the *clinical teachings* in Philadelphia, New York, and other cities; reports of the transactions of *medical Societies* in all portions of our country, and the discussions which have taken place in them; *letters* from special correspondents in New York, Chicago, Baltimore, Boston, Paris, London, and other centres of medical intelligence; and *essays* on branches of medical science by distinguished specialists.

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It has ever been, and will continue to be, the chief aim of the REPORTER to be an active, independent

dent, *practical* journal; aiming especially to satisfy the wants of those physicians who are remote from the great centres of intelligence, with prompt and correct information of everything valuable in medical science, and to bring them into constant contact with the living ideas and important discoveries of the day.

Each number will contain, on an average, 20 large double column octavo pages of reading matter, of the choicest description.

We ask for the work the continued favor and support of our old subscribers, and urge others to at least give us a trial.

S. W. BUTLER, M.D., }
D. G. BRINTON, M.D., } EDITORS.

ORIGINAL DEPARTMENT.

Lectures.

CERTAIN PROMINENT RELATIONS BETWEEN MATERIA MEDICA AND THERAPEUTICS.

Remarks of Dr. E. R. SQUIBB, at the New York Journal Association, May 16, 1867.

Reported by E. S. Belden, M. D.

(Revised and amended by the author.)

GENTLEMEN: I thank you for the privilege of suggesting to your minds a train of thought on a subject which may be more familiar to me than to you, and one which can hardly be followed up without profit. The subject is one which for many years past has occupied much of my time and thought, and enlisted my best efforts, with but little success. This circumstance, taken in connection with the natural tendency of a warm interest to over-estimate and over-rate influences, must make you cautious in receiving what I may say in a rambling discourse on some of the prominent relations which exist between materia medica and therapeutics, and the bearing of these relations on the general welfare and progress of practical medicine.

You remember, materia medica is that department of medical science which treats of the material or tools with which the physician meets disease in the practice of his art. Therapeutics is more properly, perhaps, the application of the materia medica to the treatment or cure of disease. The prominent relations between these, which I desire to present, is simply that of cause and effect. And it is to having lost sight, to a certain extent, of this relation, that the profession owe a part of the loss of hold upon the community at large, and this loss to the regular profession constitutes the entire gain of quackery

and empiricism. The study of the science of medicine and the practice of the art of medicine are two very distinct things. The community recognizes the art; the profession and the scientific world alone recognize the science. The practical object with which the science is pursued is the practice of the art, and that alone brings it into direct connection and relation with the community. The community at large value the profession of medicine, perhaps only by the results which are attained. If the profession of medicine fail to cure or alleviate disease, they must expect in a proportionate degree to lose their hold on the community. The legitimate materia medica and not expectantism, nor skepticism, more than polypharmacy, empiricism, or any other form of ignorance, must constitute the means by which the practical end is attained, and therefore must be the foundation of every sound and lasting medical reputation.

This practical view of the subject has not, for many years past, attracted that attention in the schools and among medical men, which, in my judgment, it deserves. While great pains are taken to teach anatomy, physiology, pathology, and all the other subjective branches, the aim and whole object of the science, viz., the *application* of the art, is too much neglected. This is seen, I think, in a kind of skepticism that is growing up in the profession, as to the reliance to be placed on drugs in the treatment of disease. I am no very great believer in drugs, but that there are certain effects produced by remedies, none can doubt. Many say, that apart from the three or four prominent articles of the materia medica, they can put no confidence in it. This leads the community at large to feel the distrust which the profession itself seems to feel—a want of power to meet and combat disease by other than simple mechanical means.

Mechanical art, applied through the science of medicine, is more successfully cultivated and is

more practised. We very often hear of successful surgeons, obstetricians, oculists, and aurists; but very rarely of a successful therapist. Hardly ever does a man become prominent for his practical application of the *materia medica* to the cure of disease. In the vast and rapid accumulation of human knowledge, disease is far better known than how to cure it. This is what I complain of; and this is the train of thought to which I desire to direct your attention, since the corrective is within reach by the old and only road of labor, through increased study and observation applied to the *materia medica*.

Very few of the important advances that have been made in *materia medica* for years past can claim to have been discoveries; almost all have been stumbled upon. It was reserved for HORACE WELLS, a dentist of Hartford, to discover modern anæsthesia; though the road was pointed out to the medical profession years before by SIR HUMPHREY DAVY; and the agents now successfully used were all previously known. Ether, the most important of these agents, has occupied a place in the *materia medica* certainly since the fifteenth century, and yet its most important power has lain dormant through want of proper investigation and research. Look at bromide of potassium, as another example, now very much and very effectually used as a peculiar nervous sedative. As long ago as 1828, POUCHÉ experimented with bromide of potassium; yet from that time up to the present, the profession has been stumbling and blundering with it, without discovering its prominent characteristics or uses; and not until within three or four years past has it been generally admitted to be a nervous sedative at all.

These serve as illustrations for a point that I wish to make, viz., had the proper amount—or the same proportional amount—of study been given to either of these agents that has been given to the pathology and diagnosis of BRIGHT'S disease, the present knowledge would have been acquired by the profession long ago, much human suffering would have been saved, and the medical profession would have been better established upon its true basis.

Even at the present day, the best known articles of the *materia medica* are lying about, as it were, loose, for want of research and critical examination. Gentlemen will take the microscope, and pursue a pathological change with the utmost zeal and energy, and by patient observation and reasoning, will get out of a given subject all that it contains. Why not do so with the articles of the *materia medica*? Many well in-

formed professional men will permit themselves to be led to false conclusions in regard to the *materia medica* upon grounds which they would utterly reject in other departments of medicine: and in the use of remedies, too often and too easily yield to the plausible ingenuity of the chemist, the polypharmacist, or to the equivocal knowledge which their apothecaries offer them.

Out of this loose and indefinite knowledge, or want of knowledge in regard to *materia medica* and therapeutics, grows a taste for fashion and novelty in remedies scarcely less than that which characterizes ignorance and frivolity in dress. A remedy is set forth as a novelty, and sometimes from mistaken zeal or superficial observation, but more commonly from the dexterous management so well known to trade in fashions and novelties, it gets "a good run," and often runs out into oblivion. Its few legitimate uses are so confounded with its many abuses and misapplications, that they cannot save it. Illustrations of this are always at hand. Now codeia becomes fashionable, then narceia, and loose extravagant representations are hung around them as fashionable garments, and they go forth for their short career in the progress of medicine. until some one like EULENBURG makes some laborious and patient investigations "in a great number of painful affections," and "recognises in this medicine, as an anodyne and narcotic, a substitute for morphia, which is perhaps equal to morphia in all respects, and which may even be preferred to morphia in a certain number of cases." (*Bull. de Thérapeutique*.) In these instances, as in many others, the fact was entirely lost sight of, that had these substances been really new, which they were not, or had they possessed half the advantages claimed for them in use, there was no possible source of supply for them. Derivatives of opium only, that drug yields them in so small a proportion as to be entirely inadequate to supply any general demand for them. Then as the fashion soon exhausts the only source of supply, the substance advances in price until the temptation becomes too strong for the channels of trade, and subilettation and falsifications from manufacturers meet the demand, adding an additional cause to the rapid decline of a fashion, and one which the medical man is often the last to suspect. This same want of accurate knowledge and forethought not only favors the objects of smart money-making manufacturers and pharmacutists, who study the *materia medica* much more closely than medical men, but it also favors a kind of medicine-made-easy through ready-made complex formulæ.

Take as a familiar example, the now much used syrup of the phosphates of iron, quinia, and strychnia, of Dr. EUSTERE, as given by AITKEN. This, if there were no objection to it beside, is a fixed inflexible combination of these potent agents, which may fit tolerably well upon a small class of cases, just as ready-made clothing may fit a class of persons near the same size, but it never can closely, or nicely, or scientifically be applicable to more than one case, if critical discrimination be used. Now at the same time that not one of the ingredients in this complex syrup is new, nor is the association of them in treatment by any means new, yet a single pharmacist in this city is now dispensing the syrup at the rate of half a gallon a day, upon physicians' prescriptions, whilst it should be the case, if it be not so, that any one of these physicians is fully able to prescribe these potent agents in a way less incompatible than this syrup is, and in a proportion far better adapted to the varying indications to be met by the judicious and scientific uses of iron, quinia, strychnia, and phosphoric acid.

Fashions in therapeutics and pharmacy, like fashions in everything else, are too apt to debase the good sense of those who yield to them.

Among the prominent relations between the materia medica and therapeutics, is that which is embraced in the domain of pharmacy;—pharmacy being the art of preparing the materia medica for successful application. This art, though now founded upon a science of pharmacy, is commonly followed as a mere trade to get money by, and the common axiom of trade, whereby success is sought for mainly through buying cheaply and selling dearly, has a constant adverse tendency upon the best interests of practical medicine. Want of knowledge of the materia medica and pharmacy in the profession of medicine, leaves these tendencies of trade uncontrolled, and the physician becomes often the dupe and sometimes the pliant tool of the sharpness and shrewdness of over competition in the muddy stream of common trade. Few physicians are equal to the successful pharmacists with whom they are brought into daily contact and dependence, either in the subtle artful resources of successful trade, or in the absolute knowledge of the materia medica, which is necessary to successful trade, and hence physicians are constantly and habitually misled and misguided by accepting their knowledge of the materia medica at second hand, and after contact with competing trade. The materia medica of the shops, and that of the pharmacopœias, is as different as the

difference between mere pecuniary interest and true intrinsic value in other classes of merchandise, and the knowledge which will distinguish between a good piece of cloth and an indifferent one, or between a good barrel of flour and a bad one, is all that I ask for cinchona barks and all the prominent articles of the materia medica; and unless the medical profession will cultivate this knowledge with more zeal and energy, it must accept the inevitable alternative of quackery and empiricism triumphant, and much human suffering badly controlled; and this is but the old story of the immutability of the natural laws which govern human nature through its instincts of self-preservation.

In these times of prominent use of tonics, who does not prescribe cinchona, or its derivatives, in some form? And yet it is not ascertained, or even much agitated, whether its alkaloids are better tonics in their natural combinations, or after the unnatural torturing, and bleaching, and re-combining which they get at the hands of the chemist. The fact that one of these alkaloids is more anti-periodic than the others, and that for such uses it is better to have it in a definite quantity and small compass, does not at all prove it a better tonic, while analogy, good reasoning, and ordinary intelligence, supported by a majority of what little good authority is to be found upon this point, all tend to favor the opinion that all the alkaloids are useful tonics, and perhaps equally useful, and probably most effective as tonics, when in their natural combinations. This granted, a very moderate amount of thought will show the physician that every grain of quinia salt which he uses as a tonic, without good reason for his preference, involves the expense of its extraction, and all the profits that must be put upon it before he can get it,—the risk of its adulterations,—and far worse, the sacrifice and almost absolute loss of the other alkaloids of the bark from which it has been extracted, since they are comparatively valueless when broken up from their natural combinations. Here, then, is a positive waste, either through want of knowledge, or want of thought, and a waste whose importance is easily appreciated when it is remembered that the forests of all the more valuable species of cinchona are being rapidly exhausted, and their barks becoming rare and costly, and displaced in the markets by inferior grades, and by false barks.

Here, again, true and accurate professional knowledge and study is indispensable and much needed. These cinchonas are brought to the markets through ordinary commerce, and are

passed through the exporter, the importer, the broker, the drug miller, and the druggist, to the pharmacist, and the physician sees them, if at all, in the form of tincture, elixir, syrup or extract, when all the landmarks of character and quality are gone forever. The man who dispenses the preparations has taken the place of all these, and he is a merchant, whose prime object is profit, and who, instead of making his preparations, has bought them of those who could make them cheaper than he. These cinchonas, in powder, at the druggists or pharmacists, are except for differences in color, so much alike that an experience of fifteen years, with much interest in them, and an ordinary amount of attention and intelligence, has taught me to distrust my judgment almost entirely, and to rely only on actual examination. Now this examination is both simple and easy; but what physician or pharmacist ever applies it? It has been long stored in the written accumulations of knowledge, and is always accessible, but rarely taught or thought of. The powdered barks are chiefly classed as "red" and "yellow," and if a superior price is desired for the "yellow," it is called "calisaya." The price of these barks in the market varies between sixty cents and three dollars per pound, and all intermediate prices are charged for articles of almost exactly the same appearance, and we are all entitled to our own inferences as to how many buyers are likely to select the higher cost for articles which appear to be the same. Under such circumstances,—and this is but a prominent example of many such,—where can there be any safety for the medical profession short of the acquisition of knowledge, and its laborious application, just as it is to-day attained and applied in the admirable and invaluable investigations in pathology. The fields are the same in extent, the harvests equally abundant, but the laborers are unequally distributed, and the results proportionately unequal. If so important a branch of medical science as that which, by its results, becomes the standard of utility by which to adjust the value of an entire liberal profession in the estimation of the public upon which it depends for support, be permitted to remain unpopular in the schools, and uncultivated in the profession, it cannot be difficult to foresee the result.

As the regular profession gives up its reliance in, and its use of the *materia medica*, the quack and the patent medicine trader stand ready enough to take it up, and a good rational formula for a cathartic pill, such as that of the *pharmacopœia*,—and a good formula for an expectorant

mixture,—a good formula for a vermifuge,—and one for an alterative, have each in its turn made fortunes far larger than any physician can ever hope to attain, and a part of this unquestionably through absolute good results obtained. Indeed, almost all quack medicines are more or less skillful combinations of well known and long-used articles of the *materia medica*, and these are often selected with a skill and knowledge, and even with a disregard for cost, when it comes into antagonism with quality, which is more rare in the better cause of true medical science; and it is a humiliating statement, though positively true within my own knowledge, that from time to time, as these quack nostrums start upon their career, their proprietors become well known in the drug market as free and often liberal buyers of the best articles of the official *materia medica*. They use the *pharmacopœia*, and its tests and requirements, and apply the sharpness of trade in quality as well as in price, at least until the reputation of their formula is sufficiently established to allow them to debase its quality with safety to their pecuniary interests. It not very unfrequently happens that these buyers exhaust the market of drugs of a particular quality, and the comparatively small demand of the legitimate profession has to be supplied by lower grades.

Communications.

RHEUMATISM: ITS NATURE AND ITS TREATMENT.

An Essay read before the Wayne County (Ohio) Medical Society, October 17th, 1866,

By L. FIRESTONE, M.D.,

Of Wooster, Ohio.

(Published at the request of the Society.)

Much controversy has arisen in relation to the nature of rheumatism. Scarcely any two physicians can agree as to its pathology. To-day, some enthusiast shouts "Eureka! Eureka!" and the medical world is informed that all mystery is removed; but to-morrow his favorite theory—his imagined discovery—is exploded, to make room for another equally fragile, and supported by another enthusiast equally sanguine. At one time it was thought to be a "common inflammation," invading some of the tissues, more particularly the fibrous and fibro-cellular, to be treated as non specific inflammations. At another time, it was thought to be a "specific inflammation," arising from exposure to cold and moisture, differing in many respects in its progress, and results

from "common inflammation." Some contended it was a disease inherent in the tissues; others in the blood; and others in the nerves. These different views in relation to the nature of rheumatism, laid the foundation for different forms of medical treatment, hence, we find just as great a diversity in the selection of therapeutic agents. Each physician would select his remedies from his own particular stand-point. If a "specific inflammation," a specific remedy is sought after; if a disease of the blood, eliminators were chosen; and if of the nerves, then some concentrated neurotic was relied on. Medicines in profusion were given, but given without any fixed notions concerning the pathology of the disease, thus giving them at random. If one thing failed, another was tried, and another, and then another, prescribing all the time in a circle until the disease "wore itself out," or the patient sank from exhaustion.

Since my day, we have had advocates for bleeding, purging, opium, mercury, tartar emetic, colchicum, guaiacum, lemon juice, and the alkalies, and their salts. Those regarding it simply an inflammatory disease, differing in its progress in no respect from "common inflammation," characterized by pain, heat, redness, and swelling, seated in the areolar, cellular or muscular tissue, were partial to depleting agents, while others looking at it as a dyscrasia of the blood, were in love with support and depurating agents. * * Pathology was so unsettled, and the results from practice so very unsatisfactory, that physicians had but little confidence in their remedies; and, as a consequence, we have heard it seriously set forth by men holding high rank in the medical profession, that the best cure for rheumatism is "six weeks in bed." * * Where there are no settled pathological views, there can be no settled plans of medical treatment. This is not only true in reference to the treatment of rheumatism, but of every other disease. * * Physicians literally groped their way in the dark in relation to the true nature of rheumatism, until the work of Dr. J. A. WILSON was issued in 1849. WILSON was not correct in his views in relation to the nature of rheumatism, but he moved in the right direction, and begat a spirit of investigation. He was the first to publicly advocate that the disease depended upon some "materies morbi" in the blood, and could be removed by the use of eliminating agents. It was advocated by many in 1850, that the disease was owing to an excess of alkalies, and could only be cured by the administration of acids. The acid almost universally used by those who believed in the theory that some "materies morbi"

caused the manifestations of the disease, was citric acid, given in large doses. The per centum of cures was small, and did not sustain the positions taken, and it was but a short time until citric acid was at a discount. The spirit of investigation, however, was kept up, and it was not long until Dr. HENRY S. FULLER, of the Royal College of Physicians in London, issued a work of more correct pathological views, and from which have resulted more correct therapeutic appliances. FULLER'S work possesses great merit, and he has shown himself far in advance of his confreres in presenting doctrines clear and conclusive, and yet the work with all its excellencies, comes short of being just what is needed. * * FULLER teaches that rheumatism is induced by the presence in the body of an excess of either lactic or lithic acid. If this was strictly true, the treatment of the disease would be very simple. A mere tyro would know enough to give plenty of alkalies in order to neutralize acidity, at the same time administering such remedial agents as would prevent acid formations in the body.

Several years' investigations have convinced me, that although acidity may, in a majority of cases, be the "materies morbi" in rheumatism, yet in a great number of rheumatic subjects, either in the forming stage or during the progress of the disease, conditions may, and do arise, wherein the general system will be found wholly different from acidity, and requires a very different treatment from that recommended by Dr. FULLER. For this and other reasons, which will be given as we progress in the consideration of this subject, I would caution medical men not to place too firm and positive reliance in the acid theory, and too much confidence in the curative efficacy of the administration of alkalies, for the reason that all such physicians, in very many instances, will be doomed to bitter disappointment. The nature of rheumatism is not so simple, nor so easily comprehended. This leads me to inquire

What is Rheumatism?

Rheumatism is a specific inflammation, mainly seated in fibrous and fibro-cellular tissues, characterized by fever, attended with pain, and dependent for its manifestations upon some "materies morbi" in the blood. The "materies morbi" developing rheumatism is engendered in the system in consequence of some functional derangement of one or more organs of the body, and the product thus engendered, and found in the blood, or in some of the excretions, is acid, alkaline, mixed, or of some special quality, which will depend to a very considerable degree upon

the organ or tissue, where the primary derangement is found to exist. The morbid materials most commonly found to be present in the blood or secretions are acids. They, perhaps, constitute two-thirds of rheumatic attacks. These acids are mostly found in persons of great bodily strength, and in possession of great powers of physical endurance, but at the same time in those who are heard to complain of bodily pain upon trivial exposures to cold, or atmospheric vicissitudes. Such persons are strong, muscular, and capable of bearing up under great and protracted exertions; yet, it will be found there is an unhealthy action of the skin, and kidneys. The perspiration has a sour offensive odor, the urine is voided in scanty quantities, and deposits, when cold, a brick dust sediment. Indeed it will be found that all the secretions of the body often become more or less deranged, particularly in wet weather, or when there is a changeable condition of the atmosphere, with a great amount of wet and cold, as in the month of March, when dreary winter is merging into spring. Rheumatism, in my opinion, may not only arise from a variety of causes, but from a variety of pathological conditions, each condition being dependent upon some specific "*materies morbi*." The existence of this particular "*materies morbi*," found to exist in a special attack of the disease, will depend for its existence, upon some special disturbance of the laws of assimilation.

This disturbance in some instances may be very slight, indeed so slight as scarcely to be observed, and very often leaving us in doubt to certainly determine where the physiological condition ends, and the pathological begins.

In what this disturbance essentially consists I will not take time to consider, fearing that I cannot even satisfy myself, as to its nature, but shall leave it to the time when investigations in histology shall have progressed far enough to render it a matter of positive demonstration. From the advancements which have recently been made in this special, and interesting study in the physiological, and pathological departments of medical science, it is confidently believed the delay will be but for a brief period of time. That rheumatism may be produced by different kinds of "*materies morbi*" in different patients, and sometimes in the same patient, I have proof that to my mind is conclusive. Believing this to be true, and capable of demonstration, there can be no hesitancy in believing that there are different types of rheumatism essentially varying in character, which variance is wholly due to the presence of some specific "*materies morbi*," engendered by

some specific physiological disturbance. These different types will be alluded to in the proper place. The most frequent types of the disease are those dependent upon lactic and uric acids. If it is of the former, it may with propriety be called lactic rheumatism, and if of the latter, uric or lithic rheumatism.

When either or both of these acids exist in the system in too great quantities to be eliminated, there is (when there is exposure to certain outward influences) an accumulation, in a majority of instances, in the fibrous tissue developing rheumatism.

Lactic acid is the product of the transformation of the amylaceous and saccharine constituents of the food, from the decomposition of glucose, inosite or muscle sugar. It may occur in the body whenever sugar, or any substance yielding sugar is present. When in excess, it can very readily be detected in the saliva, perspiration, contents of the stomach, the urine, and sometimes in the blood. Lactic acid exists in the body in considerable quantities in a state of health, and is thought by many to have a very strong and efficient agency in the production of animal heat. When it is in excess it excites rheumatism. Its evil effects in this particular are clearly marked. Dr. Todd in his Croonian lectures, said: "As lactic acid is imperfectly excreted through its natural channels in consequence of the influence of cold in checking perspiration, and is too freely developed in the alimentary canal, it should accumulate in the blood, and become eliminated at every point. Moreover, the long continuance of the causes which produce the defective cutaneous secretion, and the deranged gastric one, will give rise to the developement of lactic acid in the secondary processes of assimilation, thus infecting the blood from every source, and tending to perpetuate the lactic diathesis, which diathesis will often upon very slight exposures of persons produce rheumatism, rheumatic gout, or neuralgia."

But not only lactic acid, but the lactates, such as lactate of soda, lactate of lime, and even the sarcolactates develop the symptoms of rheumatism in the worst forms. This, I have verified in a number of instances. I have repeatedly attended patients, a part of whom were suffering from rheumatism developed by lactic acid, and a part where the disease was owing to some one of the lactates. In 1862 there were at one time seventeen persons in the County Infirmary badly affected with rheumatism. In five the disease manifested itself in consequence of the presence of lactic acid, and in two was clearly traceable to lactate of soda. The true nature of these

cases was determined not only by chemical analysis, but by the microscope. The five cases yielded to the administration of alkalies, and the two to that of acids. The same thing has been observed in other instances. Lactic acid is found in persons where there is marked non-assimilation, where there is a sudden disappearance of fat, and a disintegration of muscular tissue. It may, and usually does occur whenever sugar, or any substance which yields sugar is present, and it makes no difference whatever, whether this proceeds from without, as in ease of saccharine, and amylaceous food, or is formed within the body. It is very generally found in greater or less quantities in rheumatic patients whose previous health has been suddenly impaired, as by a sudden attack of fever, or any disease attended with a sudden and rapid wasting of fat. It is sometimes noticed after bronchitis, or repeated attacks of catarrh, and almost uniformly found where there is deficient oxidation.

We next direct attention to uric acid, sometimes called lithic acid. The profession is probably better acquainted with this than with any other cause of rheumatism. Its manifestations are very pointed and well understood. When rheumatism is developed by the presence of lithic acid, it may with propriety be called lithic rheumatism. Uric acid readily unites with alkalies forming compounds called urates. These are distinguished from other urinary deposits by becoming readily dissolved on the application of heat, and by being again deposited whenever heat is withdrawn. Urates are very numerous, and play almost, if not altogether, as important a part in rheumatism as uric acid itself. There are urate of soda, bi-urate of soda, urate and bi-urate of lime, of magnesia, and of ammonia. These urates are rapidly formed, and just as rapidly dissolved. Frequent changes will take place in the same subject, and during the same attack of disease. There may be found in the urine, mucus, sweat, saliva, or blood of a rheumatic subject to-day large quantities of uric acid, and to-morrow there may be found large quantities of urates, or bi-urates. These transitions are oftentimes very rapid. Litmus paper that will turn red when dipped in voided urine of to-day, may turn blue in that which is voided to-morrow. "Uric acid is an excrementitious substance containing large quantities of nitrogen, and is unquestionably derived from the metamorphosis of tissue." As lactic acid is commonly formed from amylaceous, and saccharine ingredients, and especially when sugar or starch comes in contact with fat, so is uric acid formed from

fibrinous substances, especially, where there are large quantities of nitrogen, or even ammonia.

[To be continued.]

TREATMENT OF PNEUMONIA.

By J. C. MOBLEY, M.D.,

Of Hernando, Miss.

An article on this subject by Prof. CABELL, of the University of Virginia, in the April number of the *Richmond Medical Journal*, calls special attention to the benefits to be derived from quinine in cases marked by remissions. As the field of my professional labor is in a region rife with malarial poison, and abounding in such cases, I feel it my duty to give to the profession a brief summary of my experience in the management of this disease. The cases I shall speak of were all *well marked*—physical signs unmistakeable; absence of the chlorides in the urine, etc. During the past winter I treated seven cases of this disease, all terminating favorably. In one of these cases, the disease had invaded both lower lobes; in the others, the lower lobe of one lung was alone implicated. Five of these cases were characterized by well marked remissions. Quinine promptly controlled the exacerbation of fever. In two cases the remedy was not required. During the past winter catarrhal fever presented the same disposition to remit. In the professor's paper on pneumonia, I was glad to see that he has a high estimate of "BENNETT'S Clinical Lectures on Medicine." It is an admirable work, and I believe it has been of inestimable service to poor suffering humanity, in combating the heroic antiphlogistic practice which so long controlled our profession. I have for five years treated pneumonia with fomentations and counter-irritation, opiates, milk punch, beef tea, etc., when the pulse is soft, quinine if there is a remission, and always the chlorate of potash in doses from five to twenty grains, repeated every half hour, hour, or two hours according to the urgency of the symptoms. I know of no other practitioner or author who advocates this use of the chlorate; but I am well assured of its very great efficiency, given in sufficient doses, when there is a want of due supply of oxygen. Those who still cling to blood-letting in this disease, do not, as formerly, claim for it the power of jugulating the inflammation, but like CHAMBERS, in his "Renewal of Life," resort to it for its mechanical effect in restoring the equilibrium of the circulation between the right side of the heart and the lungs. To my mind the dyspnoea is not caused by any such engorgement, but is the effect of the loss of a certain

quantity of breathing surface. The organism endeavors by an *heroic effort* to keep up the supply of oxygen necessary to life. Supply oxygen by using the chlorate of potash, and we thereby assist the damaged lung to perform its function, and give the organism *time to accommodate* itself to the changed conditions, which will be done, provided the loss is not so great as to be incompatible with life. In one individual the loss of even a small quantity of breathing surface in the lung is attended with the most alarming prostration; when in another, of even less apparent vigor, a much greater deprivation of oxygen is sustained with but little immediate prostration.

This salt of potash can be taken in doses of twenty grains every hour, for many days, if necessary. If the bowels are irritable, the drug may increase the irritation, but if the case presents much difficulty of breathing, or if there is delirium, the bowels should be controlled with opium and the remedy freely used until there is an improved condition of the patient. In capillary bronchitis, this medicine used in *sufficient* doses, is inestimable. If there are others who have tried this plan of treating pneumonia, I should be glad to know how far they coincide with me in my estimate of its value. Of those who have not tried it, I would ask an impartial test of its virtues. Individual experience in the treatment of disease is only of value in aiding us to more nearly approximate the truth, by its contributing to form a part of the grand aggregate of results, which in time comes to modify and control our practice.

Statistics of Cholera in Italy.

Some statistics of the cholera recently published in Italy, show that, during the eight months or more of its prevalence in united Italy, there were 32,577 persons attacked, of whom 12,901 died. In all cases the majority of persons were men, and the proportion of married persons over the unmarried is very decided. The poor who were attacked, numbered 15,467; but among the better classes, the ratio of mortality was far higher, in fact, 60 per cent. But few young children were attacked, and the susceptibility to the disease was most evident between the ages of twenty and thirty-five.

— Dr. MATHEW THOMPSON, of Mount Vernon, Ohio, while returning from the country, Wednesday afternoon, June 19, was thrown from his sulky and killed, and his body dragged about a quarter of a mile by the runaway horse. The Doctor leaves a wife and two little daughters.

— The French students pay for diplomas in medicine and surgery, \$145.00; in natural sciences and mathematics, \$100.00; and in chemistry and pharmacy, \$60.00. The fees are much heavier in France, and generally less in Germany.

Hospital Reports.

PENNSYLVANIA HOSPITAL, }
March 30th, 1867. }

CLINIC OF J. M. DA COSTA, M. D.

Reported by Dr. Napheys.

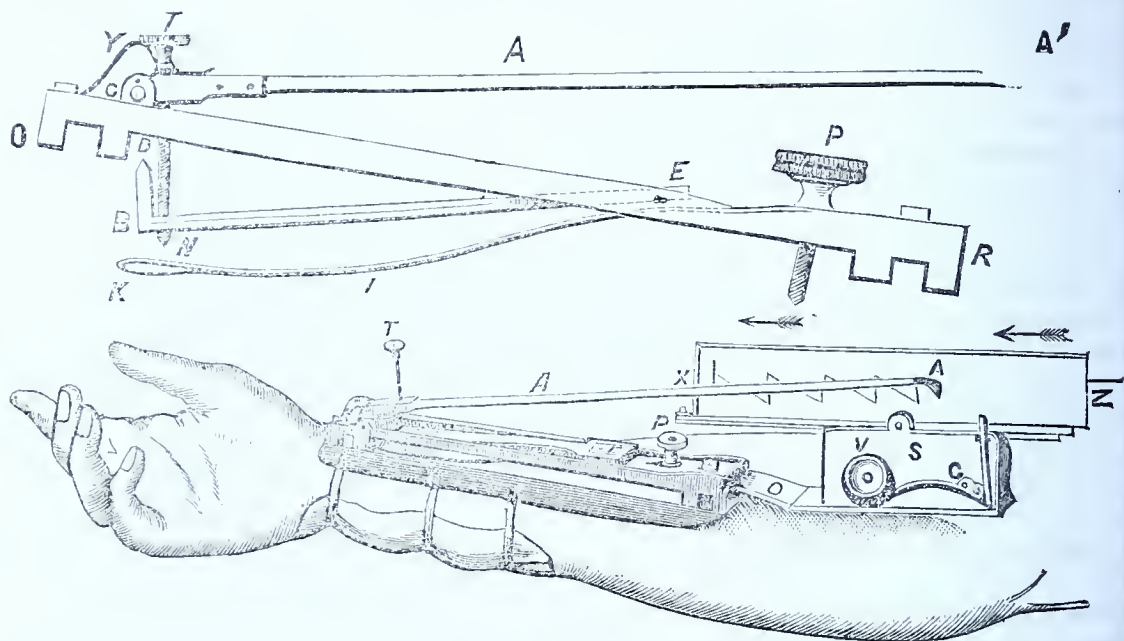
Aortic Regurgitation, examined with the Sphygmograph.

This man has only been for a few days in the wards. He was admitted on the 27th of March, with a history of having been short of breath for a considerable time, and having had dropsical swelling and palpitation of the heart on exertion. He also states that he had enjoyed perfect health until a few years ago. For the last year he has been employed at the gas works, where, although doing light work, he has constantly suffered from palpitation on the least exertion. Edema of the feet has presented itself lately. His appetite has continued good, bowels regular. Urine contains a moderate amount of albumen, and the microscope showed tube casts with granular epithelium. He has had considerable dyspnoea, so much that when he was admitted he was unable to lie down, and in consequence slept very poorly. Tongue, clean and moist. He has a dry, irritative cough. Dropsical swelling of the feet is now quite manifest. The edema is most marked at the lower portion of the legs. The thighs are not cedematous. There is no dropsy of the arms, nor of the face. There is extraordinary throbbing about the vessels of the neck. The pulse, although full, does not give the impression of its completely filling the vessel; it strikes, and as quickly recedes from the finger.

With reference to the cardiac phenomena, the impulse is low down, two or three inches below the nipple, and extended, being seen in several intercostal spaces. Examining the heart by percussion, the transverse diameter is found to be six inches, and the vertical diameter also increased. On auscultation, at mid-sternum a double blowing sound is heard, extending over to the second costal cartilage, on the right side of which that portion following the impulse is by far the most distinct and harsh. There is a slight blowing sound synchronous with the impulse perceived toward the apex of the heart. There is also heard a blowing sound in the intrascapular region toward the left.

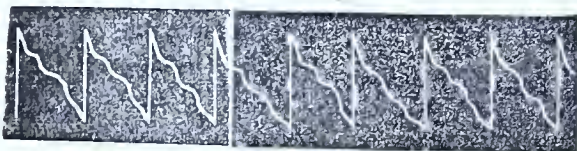
Another method of investigating diseases of the heart, still in its infancy but destined to give decided results, is by taking a tracing of the pulse and even of the heart itself. The sphygmograph which gives the tracings of the pulse was then shown to the class.

It consists essentially of a strong spring attached to a lever. In the accompanying figure the interior of the frame *O R* is represented. *I* is the steel spring, the extremity of which, *K* rests on the artery and is raised by it at each pulsation. This movement is communicated by the spring to a delicate lever *A*, moving on a pivot *C*, by means of a bar of metal *B E*, moving about the point *E*. This bar is pierced by the



screw *T N*, and terminates in an upright *B D*. The plate *B D* must be brought in contact with the under surface of the lever by means of the screw *T*, which also establishes the connection between the spring and the bar. Then the movements of the spring are transmitted to the bar, and thence through its upright to the lever. The object of the spring *Y* is to prevent the lever being projected upward too much by a quick movement, and to overcome the friction of the free extremity of the lever against the paper upon which it makes the record. After having, by means of the button *V*, wound up the box, which contains clock work of the most delicate kind, the instrument is fastened on the wrist over the radial artery. Then the prepared slide upon which the tracing is to be made, is inserted on the dial *X N*, the pen inked with fluid ink, the dial set in motion by the regulator *G*, and the record of the pulse made.

The instrument was thus adjusted on the wrist of the patient, and a perfectly characteristic record obtained, as seen in figure. Dr. DA COSTA



said, having had some experience in the use of the sphygmograph, he did not hesitate to say that in this case he could have made the diagnosis of the heart disease without having seen the patient, merely from the record furnished by the instrument, so well-marked and characteristic were the tracings. Each normal revolution of the heart gives a line of ascent, a little summit, generally transverse, and a line of descent, which generally shows one or two undulations.

The line of ascent corresponds with the ventricular systole, with the filling of the artery with blood; the summit is the period between the filling with blood and its passage onward; whereas the line of descent represents the period which

elapses between the closure of the semilunar valves of the aorta and the next contraction of the heart. In the latter line, there is usually produced that little movement which may be called the natural dichrotism, it having been found by observation that there is a dichrotism in each descent of the cardiac pulsation. When the line of ascent is straight, strong, and long, there is increased power of the heart. A great height of ascent, and merely a little point at the summit, no matter what the line of descent may be, is characteristic of aortic regurgitation, as is obtained in this case.

To prove that this is not simply the result of an accidental observation, the tracings obtained in two other cases of the same valvular lesion were exhibited, and they were found to correspond with this. It has been fully determined by repeated observations that a line of a long ascent with a mere point or hook, as it were at the end, marks aortic regurgitation, and as far as has been investigated, has not been found in any other cardiac malady. The left pulse shows this less markedly in this case than the right.

One advantage of this graphical method of investigating diseases of the heart, is, that it preserves an accurate record, which may be kept for future reference, or transmitted to any one versed in reading the traces, who would be enabled to form his own opinion as regards the diagnosis of the condition of the patient, although he had never seen him. It is not, however, so much on this account that the instrument recommends itself, but it is rather because it promises considerable with reference to the accurate diagnosis of cardiac disease in regard to the exact state of the ventricles and auricles, and the co-existence of valvular lesions. It can also readily be turned to practical advantage in treatment.

The proper treatment of disease of the heart, is indeed in some instances difficult to fix upon, because although the kind of valvular disease may be determined with more or less accuracy, and also whether there be hypertrophy or dilatation

present, yet the amount of power in the heart, the exact state of the ventricular contractions, whether or not there be much irregularity, may escape notice. Yet upon such considerations may turn the question what plan of therapeutics will be likely to be the most successful.

Laryngeal Phthisis.

Wm. McD., æt. 45. He was admitted on the 13th of February last. He stated that after exposure of eight weeks he took cold, which was followed by sore throat and hoarseness for two weeks. He had been temperate; there was no syphilitic taint, and no history of hereditary disease. When he was admitted, the man was in fair general condition, his voice was hoarse but not lost as it now is. He was pale and troubled by a cough, spitting considerable frothy serum, mixed here and there with some pus. The sputa were not then, and have not to this day been streaked with blood. His appetite was good, but there was even then some pain on swallowing, though he stated repeatedly, there was no pain on pressure over the larynx.

Very soon after he was admitted into the house, he was examined with the laryngoscope, and there was found a superficial ulceration of the right ventricular band, the so-called false vocal cord. The true vocal cords were perfectly capable of approximating, and did not present any loss of substance. In a recent investigation, distinct yellowish lines of ulceration were seen on the surface of the true vocal cords, whereas the swelling of the false cords, so great at first, had materially diminished.

At the time the man was first admitted there were no obvious signs of disease of the lungs. Over and over again had Dr. DA COSTA critically examined the apices of his lungs, and been unable, at that time, to detect anything by which he should have liked to pronounce upon the existence of an affection of those organs.

The difficulty in swallowing rather increased; the voice was gradually lost until now there is complete aphonia, and about six weeks since it was noticed that the percussion was of higher pitch on the right side anteriorly than on the left, that there were some rales developing there and signs of infiltration taking place in the right apex. This state of things went on; the man failed constitutionally greatly; the cough rather increased, still preserving very much an irritative character, with much froth and little purulent expectoration, and the signs of deposition in the lungs became very much more manifest.

Examining the case this morning, it is one of confirmed phthisis. There is under the right apex distant crackling and signs of softening. Crackling too is evident over portion of the left lung, with harsh breathing, but no signs of softening. You perceive the emaciated condition of our patient; his appetite is almost gone; he can only swallow fluid now. There is now a little tenderness on pressing between the hyoid bone and thyroid cartilage. Tenderness has not, however, been a previous symptom of this case. He sweats a little at night, but not much. His sputum now is very much changed from what it was. It is nummular, not nearly as frothy and very much thicker in every respect.

This is a case of so-called laryngeal phthisis, tubercular laryngitis with phthisis. It may be asked if there is anything specific about the appearance of the larynx in this disease, any peculiar kind of deposit there present. The answer is no. Since the laryngoscope has been introduced into practice, a great deal has been done in the way of studying the exact laryngeal lesions which complicate tubercle of the lungs. Dr. DA COSTA has examined a large number of cases with this view, and has come to this conclusion, that in cases of phthisis in which there are laryngeal symptoms, such as loss of voice, more or less difficulty in swallowing, irritative cough, there may be nothing but simple thickening of the vocal cords, as occurs from mere catarrhal inflammation, or there may be ulcerations, one or many, in fact various and most dissimilar kinds of lesions.

But Dr. DA COSTA has not been able to satisfy himself that there is such a thing as a tubercular ulcer in the larynx, one which when reflected in the laryngoscopic mirror enables the examiner to determine its tubercular character.

—
PENNSYLVANIA HOSPITAL, }
March 16th, 1867. }

SURGICAL CLINIC OF DR. AGNEW.

Reported by Dr. Napheys.

Rhino-plastic Operation.

This man met with an accident some five or six months ago in having a portion of his nose bitten out, so as to leave a considerable opening in the side through the lateral cartilage, leaving a strip around the anterior naris. The circumference of the opening is cicatricial tissue. The column of the nose was detached at the time of the accident, and was connected in such a way as to give it an inordinate breadth.

It is proposed to attempt some operation for the relief of the deformity; many methods suggest themselves for accomplishing this object. It might be effected by making an incision through the column of the nose, splitting it down and carrying it over, freshening both sides, attaching them and making a new naris. The difficulty would be that, in consequence of the number of raw surfaces, before the healing process was complete, the anterior naris would be so contracted as to be in great measure obliterated and useless. Another method which suggests itself is to make a cut directly through the cartilage, going around the circumference of the bony naris, and allowing the present cartilaginous naris to remain, filling up the gap by a piece from the side of the cheek. These methods are objectionable. The operation which will be performed in this case will be to make a triangular cut, apex upward, by pressing the knife directly through the cartilage, and then pulling the parts detached down over the chasm to the lower portion, leaving a gap which can be filled up by approximating the integument behind.

In all of these operations it is extremely important that an accurate knowledge should be

had of the blood-vessels supplying the part. Especial care will be taken in this case not to divide the laterales nasi.

The patient was placed under the influence of ether, and the operation performed in the manner indicated. Approximation was made by means of silver wire, drawn out so fine as to be almost as flexible and manageable as silk thread. Warm water dressings were applied to invite an access of blood to the part, and ensure the vitality of the structures.

Fracture of the Skull.

This lad, 12 years old, fell through four stories in a factory, fracturing his left thigh and his skull, inflicting a triangular wound about one and a half inches above the right orbit.

A hard piece of walnut wood, 2½ inches long, was buried in the anterior lobe of the right hemisphere. When brought into the hospital last night he became perfectly unconscious in a few minutes. Pulse 60, no convulsions, respiration laboring. The piece of wood was removed, since which he has been conscious; he has no paralysis; pulse 80. Pupils respond very well to the light. On opening the right eye a little extravasation is observed under the conjunctiva, which has probably leaked down through the orbital plate of the frontal bone, an evidence of fracture of this part of the base of the skull. It does not follow, however, it may occur simply from contusion. A little blood is welling out from the wound. A probe passed down comes in contact with the roof of the orbit, and shows a crevice or fissure there. His tongue is a little tremulous. He answers questions promptly and intelligently. His skin is warm, and the functions of bladder and bowels are unimpaired.

Of course, in a case of this kind, the first indication is to remove everything producing pressure upon the brain. Fragments of bone should be carefully removed, and any shreds or cerebral matter, or loose or ragged ends of the membranes of the brain lying out of the wound ought to be cut away. Hemorrhage is not likely to be profuse. Then all that can be done is to place the patient with his head moderately elevated, the hair being shaved off entirely and cold applied.

The great risk of this boy lies in the future. Danger is to be apprehended from inflammation of the membranes of the brain, or from the formation of an abscess in the substance of the anterior lobe.

To prevent this he will be placed on small doses of mercury, which agent certainly has an influence in counteracting any tendency to inflammation, either of the brain or its membranes. It will be given in small doses, but in a sufficient amount to produce an alterative effect. The administration of this medicine, with cold applications to the head, and proper nourishment, is all that can be done at present.* The fracture of the thigh will be treated by the apparatus uniformly employed in this hospital.

* This lad recovered without any unusual symptoms. Some necrosed bone was removed from the frontal bone in the course of the cure.

Medical Societies.

MEDICAL SOCIETY OF THE STATE OF OHIO.

FIRST DAY.—*Tuesday, June 11th, 1867.*

The Medical Society of Ohio held its annual meeting at Yellow Springs on Tuesday and Wednesday, June 11th and 12th. Dr. J. W. HAMILTON, of Columbus, in the chair, and Dr. E. B. STEVENS, of Cincinnati, Secretary. About fifty members were present.

A number of new members were elected.

Dr. G. W. MARIS, of Columbus, read a paper on the National Code of Medical Ethics.

A learned paper on rheumatism and its treatment, was read by Dr. J. L. FIRESTONE.

The most interesting feature of the Medical Convention the first day was the report of the Committee as to the number and condition of the incurable insane of the State. The Committee consisted of Drs. PEARCE and BROWN, and was appointed in 1865. As only a partial report could be made last year, the committee was continued, with instructions to complete their investigations, and report at the next annual meeting.

Their plan of operation was to send circulars, containing a list of questions, to the Probate Judges of the eighteen counties not yet heard from, requesting them to deliver the circulars to the physicians in charge of County Infirmaries. Reports were received by the Committee from thirteen counties. Of these only seven have County Infirmaries, and the total number of incurable insane in them is 89, of which 87 are white and 2 colored; 40 male and 49 females. The total number who are handcuffed or shackled is 16—males 8, females 8. There are 17 incurable insane, who are not provided for at Infirmaries. In answer to the question whether whipping or physical punishment of any kind is ever inflicted, one county answers "a few drops of hickory oil, with the switch." Another says "yes, with the rod;" and a third replies "with the shower bath." All the rest say "no," or decline to answer. From the 87 counties in the State 82 reports have been received. Of these, 60 have each a County Infirmary, 2 have city Infirmaries and 20 have neither. The Infirmaries contain, in the aggregate, 759 incurable insane, 753 white, and 6 colored. In those Infirmaries, containing both white and colored incurable insane, there is no distinction made in the manner of their treatment; 325 are males, 403 females; 55 are handcuffed or shackled in some way. Thirty-two are confined in the country jails; nine are supported by friends, and thirty-six by townships.

This Committee petitioned the Legislature last winter to provide for the erection of a State Lunatic Asylum for incurables. In that petition they say: "There are 62 Infirmaries, 288 confined or imprisoned, 55 of whom are shackled in some way; 32 are confined in County Jails, many of whom are fettered in like manner. It also appears that the numbers of males and females are about equal. Too little attention is paid to the separation of the sexes, some of them being habitually nude and others nearly so, daily ex-

posed to the observations of the opposite sex. In many instances there is filthiness of person and apartments, neglect of ventilation, absence of all medical and hygienic treatment and moral and religious influences, which their disease requires; and, as if to add to their misery, and if possible to aggravate and confirm their insanity beyond hope of recovery, they are, in some County Infirmaries and Jails, punished with rawhides, rod, or shower-bath."

SECOND DAY.—Wednesday, June 12th.

After miscellaneous exercises a paper was read by Dr. COONS, of Butler county, on Physical Education in our public schools. The Society then proceeded to the election of officers for the ensuing year, with the following result: President—Dr. E. B. STEVENS, of Cincinnati; Vice Presidents—R. RODGERS, of Clark county, C. P. LANDERS, of Franklin, B. B. LEONARD, of Logan, D. NOBLE, of Highland; First Secretary—W. C. HALL, of Brown county; Second—J. N. WEAVER, of Wayne; Treasurer—J. B. THOMPSON, of Franklin; Committee on Admissions—J. L. Drake, of Warren, H. Coleman, of Miami, J. N. Beach, of Franklin, W. D. Scarf, of Logan, J. D. Edwards, of Greene.

After the delivery of the retiring President's address, this afternoon, Dr. DAVIS, of Cincinnati, read a highly interesting paper on cholera, which was ordered to be printed.

The Convention adjourned, to meet at Yellow Springs again the first Tuesday of June, 1868.

The entertainment given at the Yellow Springs House was a splendid affair. About five hundred persons were present. A fine supper was served up, after which speeches were made by Drs. Stevens, Hamilton and Wright. At the close of the entertainment the Society passed a unanimous vote of thanks to the ladies of Yellow Springs who provided the entertainment.

List of Special Committees to Report June 1, 1868.

Puerperal Convulsions—Dr. Thad. A. Reamy, Zanesville.

Aural Surgery—Dr. A. Metz, Massillon.

Surgery—Dr. W. H. Mussey, Cincinnati.

Amputations—Dr. R. L. Sweeny, Marion.

Ovariectomy—Dr. A. Dunlap, Springfield.

Prac. of Medicine—Dr. W. J. Scott, Cleveland.

Military Surgery—Dr. N. Gay, Columbus.

Obituaries—Dr. B. B. Leonard, West Liberty.

Orthopedic Surgery—Dr. F. B. McNeil, Troy.

Diseases of the Eyes—Dr. J. W. Hamilton, Columbus.

Medical Observations in New Mexico—Dr. G. S. Courtwright, Cincinnati.

The Microscope—Dr. W. C. Hall, Fayetteville.

Hypodermic Medication—Dr. J. M. Weaver, Wooster.

Amputations, Primary and Secondary—Dr. J. G. Kyle, Xenia.

Incurable Insane of Ohio—Drs. Brown, Pearce and Hamilton.

Cerebro-Spinal Meningitis—Dr. Isaac Kay, Springfield.

Delegates to Indiana State Medical Society—Drs. Jno. A. Murphy, J. G. Kyle.

Delegates to Kentucky State Medical Society—Drs. G. M. Boyd, W. P. Kincaid.

Sumter Co. (Ala.) Medical Society.

The Sumter County Medical Society met at Livingston, Ala., June 3d, in the office of Dr. R. D. Webb.

Dr. A. H. SMITH, President; Dr. E. H. SNOLL, Vice-President.

Members present: Drs. M. C. Kinnard, J. F. Godfrey, J. C. Houston, J. A. Smith, and R. D. Webb. Dr. B. F. Smith was elected a member.

Minutes of former meeting read and approved.

Dr. J. A. GODFREY read an interesting essay on the "The Theories of Medicine; or, the Tendency of the Profession to Run into Extremes." A copy of this, by resolution of the Society, was requested for publication.

Dr. M. C. KINNARD read an essay on "Some of the Grave Forms of Malarious Diseases." This elicited a general discussion on the treatment of these diseases.

Dr. SNOLL gave his experience in the use of bromide of potassium as an anodyne; the hypodermic application of medicines by means of the syringe manufactured for that purpose; and spoke of some peculiar discoloration of the fauces and uvula as a diagnostic sign of typhoid fever.

Dr. R. D. WEBB read an essay on "The Rationale of Erect Vision," explaining it upon anatomical principles instead of "habit."

Veratrum viride was selected as a subject of special investigation for the next meeting.

Drs. J. A. Smith, I. F. Pearson, and W. J. McMahon, were appointed as essayists for the next meeting.

Adjourned to meet 1st Monday in November next.

A. H. SMITH, *President*.

R. D. WEBB, *Secretary*.

Maine Medical Associations.

At the annual meeting of the Maine Medical Association held at Portland on Tuesday, June 18th, the following officers were chosen for the ensuing year:

President—Dr. CYRUS BRIGGS, of Augusta; 1st Vice President—Dr. JOHN G. BROOKS, of Belfast; 2d Vice President—Dr. THOMAS N. BROWN, of Paris; Recording Secretary—Dr. E. HOWARD VASE, of Gorham; Corresponding Secretary—Dr. LEWIS W. PENDLETON, of Belfast; Treasurer—Dr. THOMAS A. FOSTER, of Portland. Standing Committees—Drs. George H. Chadwick, of Portland, M. C. Wedgewood, of Lewiston, George E. Brickett, of Augusta, Eugene F. Sanger, of Bangor, P. H. Harding, of Ellsworth.

The next session of the Association will be held in that city in December next.

Density of Ozone.

M. SORET has proved the density of ozone to be one and a half times that of oxygen, by the test of diffusion, the relative velocities of which correspond to the theoretical calculation on the assumption of the above proportion; as well as by comparisons of volume, in which it is found that by converting ozone into oxygen, its volume is increased one half.

EDITORIAL DEPARTMENT.

Periscope.

Pubic Version in Utero.—The Woman placed on her Knees and Chest.

Dr. ALEX. HADDEN, in a communication to the *New York Medical Record*, refers to an article published by him in that journal for August 15, 1866, in which he had suggested the position on the knees and chest in the operation of pubic version, and gives the following cases that have occurred in his practice since.

I. Mrs. N——, 28 years of age, in her fourth confinement. When I reached her bedside, I ascertained that she had been in labor several hours, and that her pains had been very strong. I examined her, and found the umbilical cord presenting, prolapsed about twelve inches, cold and feebly pulsating; also the body of the child lying transversely, considerably impacted. I placed the woman in the position above described; administered chloroform; returned the cord by Dr. T. G. THOMAS's method, and without withdrawing my hand or changing the woman's position, seized the foot, and turned and delivered the child in a few moments' time, successfully, alive and uninjured.

II. Mrs. D——, aged 35, in her eighth confinement. This case was similar to that of Mrs. N——, excepting the funis was not prolapsed; the side of the child presenting. I arranged her in the same position, and operated in the same manner, without administering chloroform, with like success. Anæsthesia was not resorted to in consequence of her preference to suffer.

III. Mrs. B——, in her fifth confinement, aged 30. In this case the shoulder was presenting, and so impacted that it was difficult to distinguish it from a breech-presentation. On being satisfied that it was not breech, I placed her in the position required by the method, administered chloroform, and performed the operation with the same success as related in the other cases. Mother and child doing well as the above.

The position of the women in these three instances, I am thoroughly convinced, rendered operations very easy, which otherwise would have been very difficult.

The advantages gained over the usual method by thus operating are obvious to any practical obstetrician.

The first is the relaxation of the vaginal sphincter and walls; the second, the gravitation of uterine contents relieving impaction; the third, the retaining of the amniotic fluid during the operation; the fourth, the hand and arm may be introduced into the uterine cavity more nearly on a line of the axis of the superior strait, the cervix and perineum being yielding.

— We are glad to learn that our townsman, SAM'L S. WHITE, receives a medal at the Paris Exposition for artificial teeth.

Reviews and Book Notices.

NOTES ON BOOKS.

Western publishers are by no means deficient either in sound judgement in the selection of scientific works, good taste in "getting them up," to use a trade term, or energy in pushing on the market.

For instance we notice that ROBERT CLARKE & Co., in Cincinnati, have in press and will issue, in a few days, a work on the "Micro-Chemistry of Poisons: including their Physiological, Pathological, and Legal Relations; adapted to the use of the medical jurist, physician, and general chemist," by Dr. THEO. G. WORMLEY, Professor of Chemistry and Toxicology in Starling Medical College, and of Natural Sciences in Capital University, Columbus, Ohio. It will contain seventy-eight illustrations upon steel, and will be in the form of a royal 8vo. volume of over 700 pages.

The University Medical Press of Nashville has recently republished in pamphlet form some valuable papers from the *Nashville Medical Journal*, by Dr. J. JONES, entitled Researches on "Spurious Vaccination" in the Confederate Army, 1861-65," 8vo., pp. 164.

A. SIMPSON & Co., a new publishing house recently established in New York City, in connection with the Agathynian Press, for the purpose of issuing useful and valuable books in the highest style of the typographical art, announces for early publication several select works by English and American authors, among which are, "The Reasoning Power in Animals," by the Rev. JOHN SELBY WATSON; "Physiology at the Farm, in Aid of Rearing and Feeding the Live Stock," by WM. SELLER, M. D., etc., and HENRY STEPHENS; "A Manual of Minor Surgery and Surgical Dressings," by JAMES L. LITTLE M. D., Lecturer on Operative Surgery and Surgical Dressings in the College of Physicians and Surgeons, New York; "A Treatise on Emotional Disorders of the Sympathetic System of Nerves," by WM. MURRAY, M. D. etc.; "Light: Its Influence on Life and Health," by FORBES WINSLOW, M. D.; "A Treatise on Melancholy," from the French of Dr. E. DU VIVIER.

The same firm publish the "*New York Medical Journal*," and the "*Quarterly Journal of Psychological Medicine and Medical Jurisprudence*," both of which are edited by Dr. WILLIAM A. HAMMOND, formerly Surgeon General, U. S. Army. In the former his *collaborateur* is Dr. E. S. DUNSTER, formerly Ass't Surgeon, U. S. A., whose name goes far to assure us of its excellence.

All these publications are promised us on the best of paper, and with the most unexceptionable typography.

Among announcements of medical works we notice:

HENRY C. LEA, of Philadelphia; "HUDSON'S Lectures on the Study of Fever." "LAWSON on Injuries of the Eye." "WALES on Bandaging and the Operations of Surgery." "RICHARDSON on Local Anæsthesia."

Of somewhat imaginative character, we presume, are the "Leaves from a Physician's Journal." By D. E. SMITH, M.D. 12mo. pp. 336. New York Pub. Co., N. Y. Cloth, \$1.50.

A Useful Book.

We have seen the proof sheets of a work just passing through the press of H. C. LEA, of this city, entitled *Essentials of the Principles and Practice of Medicine*; a Handy Book for Students and Practitioners. By HENRY HARTSHORNE, M.D., Professor of Hygiene in the University of Pennsylvania, etc. etc. This is intended to be the most condensed treatise on the Science and Practice of Medicine yet published; its brevity being attained, not by omission, but by conciseness, and judicious selection and arrangement of matter. The first part of the work is an amplification of portions of Dr. HARTSHORNE'S *Memoranda Medica*, which has been for some time out of print. The second, and larger part is devoted entirely to practice.

Withholding an extended notice of the book until it is issued, we may remark that Dr. HARTSHORNE'S powers of condensation and judgment as a medical writer have been made known to the profession in the "Memoranda" just referred to, in his excellent monographs on Glycerine, and Cholera, and in numerous contributions to the *REPORTER* and other medical journals. He has evidently spared no research to make this work complete; all the newer subjects being treated of, such as, aphasia, locomotor ataxy, inhalation, laryngoscopy, hypodermic medication, etc. For reference in daily practice, its systematic arrangement, with a valuable appendix of formulæ is very convenient; while its thoroughness, and yet small size, will make it especially useful as a text-book for medical students. *

Report on Epidemic Cholera in the Army of the United States during the year 1866. By Brevet Lieut. Col. J. J. WOODWARD, Assistant Surgeon, U. S. A., (Circ. No. 5, War Dept., Surg. Gen.'s Office, 1867.)

Out of a total mean strength of 12,780 men exposed last summer in the operations of our army to cholera infection there were 2708 cases of the disease and 1207 deaths. This is a portentous proportion; in round numbers twenty per cent.

of cases, and ten per cent. of deaths. From the admirably classified report of Dr. WOODWARD it appears that in every instance the disease could be traced to exposure, and thus the practical advantages of quarantine and disinfectants are luminously displayed. A striking example is mentioned on p. 42. In San Antonio, Texas, there occurred six hundred deaths, not a house escaped, except a Roman Catholic convent in the centre of the city, which closed its doors at the outbreak of the disease. Though crowded with students, it enjoyed entire immunity. Four martyrs to their duties fell in the medical staff of the army, sad proofs of their own heroism and the communicability of the disease. Dr J. T. CALHOUN, JOHN E. McDONALD, J. F. BURDETT, SAMUEL CATLIN, and perhaps BENJAMIN HOBBS, (though his disease was reported as gastro-enteritis.) Very little that is satisfactory can be derived from the reports in reference to treatment.

Dilute sulphuric acid is spoken of by Dr. J. F. HAMMOND and others, as efficacious in restraining the diarrhœa so prevalent when cholera abounds. SQUIBBS Compound Tincture of Opium is recommended for the same purpose, while Dr. SIM'S Chlorodyne Mixture is stigmatized as "futile." p. 30. Chloroform, simple, with laudamun, or with camphor dissolved in it, was tried in a number of cases with no positive results beyond its anodyne effects. In half drachm-doses the latter mixture would seem to have done the best, especially for the cramps and vomiting. "Champagne Frappe," which was tried in the case of an officer (p. 43), proved admirable for the same purpose, and is to be recommended on the score of pleasantness. Hypodermic injections of sulphate of morphia were found beneficial in reducing irritability of the stomach. Surgeon JOHN VANSANT lauds strychnia in the highest terms; "the medicine," he says, "which seemed to me to be incomparably more efficacious than any other I used, in checking the watery diarrhœa, allaying the nausea, removing the distressing and painful sensations about the epigastrium; in short, in arresting and curing the disease when not too far advanced, is strychnia. I gave it usually in watery solution, (dissolved in a little acetic or sulphuric acid,) in doses of one-tenth of a grain, repeated according to the urgency of the symptoms, but rarely oftener than every two hours, until three or four doses were taken," (p. 57.) The same remedy has been extolled in various English journals during the last twelve months, and deserves a fair trial. The Circular closes with a Report on Disinfectants and their use in connection with cholera, by Dr. B. F. CRAIG. This report is full of valuable practical suggestions.

Medical and Surgical Reporter.

PHILADELPHIA, JULY 6, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

CHOLERA AND ITS PREVENTION.

The probability of the re-appearance and spread of cholera in this country during the present year seems to be rapidly gaining credit among those who are familiar with its former history and progress. Its prevalence in Germany, in the spring and summer of 1866, was limited to a very few districts, and it made but little impression in the chief centres of population—London, Paris, or Vienna—yet it found its way to New York and other American cities, and suddenly struck down several thousand human beings, and was only arrested by the adoption of the strictest sanitary measures, prominent among which was the free use of disinfectants. In the autumn it seemed to wholly disappear, and gave us hope of its entire eradication. Since then, however, it has spread widely over a large portion of Europe—especially France, England, Germany, and Italy. During the winter it was reproduced in Greece and Turkey, where it made its first appearance last year. In England hardly a case occurred during the past summer, yet in Liverpool 1700 deaths from cholera were reported after the cold fall weather set in, besides 1000 from diarrhoea and similar maladies. In December last, too, eight vessels arrived at the port of New York with cholera on board.

These facts are significant, and show that summer is not the only season when cholera may prevail, although it is usually more active then; but even the coldest weather is not a complete check to its growth and advancement.

And the premonitions to which we have already adverted, that have been occurring in many parts of our own and in other countries during the past six months, all go to demonstrate that the disease has not yet been "stamped out," and is liable to recur on the slightest provocation. We may therefore safely assume that we are liable to a return of the disease this summer and fall, both by importation and domestic origin, for neither our great cities, nor the country at large can be said to be in a condition less favorable to its prevalence than heretofore, and we know with what virulence it has broken out at various points throughout the country within the past year.

It becomes, therefore, the solemn duty of every individual, especially those on whom rest the responsibility for the sanitary condition of dwell-

ings, hotels, schools, factories, workshops, prisons, hospitals, ships and other vessels, and all places where crowds of people assemble, to see to the adoption of measures best calculated to prevent another visitation of cholera or of any other malady that may be brought on or increased by foul emanations in filthy and crowded localities.

In the REPORTER for June 15th we called attention to the progress made of late years in the control of cholera and other diseases. Prominent among the means employed for this purpose, we mentioned the use of disinfectants, and quoted from a letter of Dr. ELISHA HARRIS to the President of the Metropolitan Board of Health, in which he spoke of their great importance, and mentioned some of the most prominent disinfectants hitherto in use. We shall also soon give a classified list of these, with directions for their proper application. The difficulty with these disinfectants, however, is their costliness. This has prevented their coming into *common use*. To be practically useful to *the people*, a disinfectant should be *cheap*, as well as *good*. A laboring man should be able to go to a drug or grocery store, and for a few pennies buy a pound of disinfectant that will neutralize foul emanations, and not merely substitute one bad smell for another.

We have, heretofore, on two or three occasions called attention to disinfectants that were sold at moderate prices, but we have lately become cognizant of a compound which possesses all the requisites of a good disinfectant, which can be sold at less than half the price of any other that has been offered to the public. It is called "The Thorough Disinfectant," and we are glad to learn that some prominent physicians and sanitarians of New York, where the inventor of the compound resides, are engaged in the laudable effort of having the formula disseminated throughout the country in a way to make it available for the purpose of a general, reliable, and at the same time cheap, disinfectant.

As we are assured that the ingredients for its composition can be obtained in almost every locality, and at a mere tithe of the cost of other disinfectants of even less value, it is to be hoped that it will not be long ere the formula will be scattered broad-cast over the land, in a way the best calculated to make the use of the "Thorough Disinfectant" universal.

Some knowledge of its ingredients, and wonderful antiseptic properties, and observation of its effects, have given us a very high opinion of its value, and will lead us to do what we can to promote the introduction of this excellent article, in the belief that it will add to the comfort and ele-

vate the sanitary condition of our households and the community generally, when it comes to be fully known.

Cholera, and some other forms of zymotic diseases, can be much more easily prevented than cured, and anything that will neutralize foul animal effluvia, the chief promoter of this class of diseases, is well worthy of being extensively known and used.

TRANSACTIONS OF STATE MEDICAL SOCIETIES.

When the Pennsylvania State Medical Society held its last session in Pittsburgh, it was intended by several delegates to bring before it the question of memorializing the Legislature to print its Transactions at the public expense. Certain circumstances prevented this from being moved at the time, but the feeling of its advisability is widely entertained. New York and Massachusetts print and distribute as public documents the Transactions of their State Medical Societies, and thus diffuse among the people, valuable information, which ultimately brings in a return to the commonwealth in the improved health and sounder hygienic culture of the masses. Such action would also stimulate a State Society to extend and perfect its organization throughout every county and every village within its territory. It would induce the compilation of careful statistics, and allow the funds now expended in printing, to be used for extended investigations, and the publication of special reports.

The only objection we have heard offered to the plan is, that it would lead one and another class of practitioners, devotees to some special theory, to saddle the public with the printing of their transactions likewise. This has been the case in New York, and we recognize the force of the objection. But, will they not attempt it anyhow? And after all, if we have faith in the grand old maxim, that give truth and error a fair field, the former needs no odds, why should we hesitate on this ground?

The course now proposed by one of the most honored members of the State Society, and which we are glad, by means of the extended circulation of the REPORTER, to bring to the notice of physicians both in this and other States, is for the county societies to draw up and sign a petition to their respective State legislatures, to be presented by the president of the State Society, or other designated person, setting forth the advantages which the commonwealth will derive from thus encouraging medical science, and the propriety of the appropriation on general grounds. Will

they not generally respond to this appeal? Will not this word to the wise be sufficient to ensure a commencement of the undertaking?

MEDICAL COLLEGES IN PHILADELPHIA

There are two colleges in this city where legitimate, rational medicine is taught, the Medical Department of the University of Pennsylvania, and the Jefferson Medical College. Both these schools have able faculties, and full classes, and are well known as the leading schools of the country.

We mention these facts simply to say that the Legislature of our State has very improperly, as we think, granted charters to one or two irregular schools of medicine located in this city, which have assumed a portion of the corporate title of one of our oldest regular schools, which as an institution of learning, has long been a credit to our state, and the pride of our city. We know that a few students have been deceived by the advertisements of these irregular schools into taking their tickets, and found out their error when it was too late.

But efforts of this kind will not succeed. They may, as they have done, inveigle a few students into their doors, but the staple of the lectures delivered, will not satisfy the desires of the genuine student, and the very means made use of to bring them into notoriety will be their ultimate destruction.

One of these concerns recently had the effrontery to endeavor to inveigle into their faculty a prominent member of our profession, in a neighboring city, by making false representations to him; but, fortunately for his reputation, he was advised of the character of the school before he had in the slightest degree committed himself.

We would respectfully suggest whether it is not unjust to our medical colleges, which have established a reputation, and are justly the pride of our city and State, for the Legislature to charter other institutions here, which may be in the end a libel on medical education, by names which are liable, if they are not intended, to deceive the unwary.

A HOSPITAL FOR THE INSANE POOR OF PHILADELPHIA.

A correspondent writes, "Philadelphia should build a good hospital for her insane." To the consummation of this desirable object we devoted several years of earnest thought and labor. But just when it seemed as if success was about to crown our efforts, other counsels prevailed, and the project has been delayed—not defeated, for

we cannot believe that Philadelphia will be content to remain long "far behind" most other large cities, in its provision for its insane poor. The unnatural and indefensible association of this unfortunate class, in an immense almshouse, in a building not well adapted to curative treatment, and in association with a class of people, a large portion of whom should properly be in a House of Correction, tends to protract cases of insanity, which under more favorable circumstances, might be speedily cured.

We trust that the time is not far distant when more humane counsels will prevail in regard to the management of the insane poor of this city—when they will be regarded less in the light of "paupers," and more in that of afflicted human beings, for whose restoration to reason and society every appliance suggested by modern experience in the treatment of insanity should be used under the superintendence and advice of competent medical men, rather than of time-servers and politicians. In the end, this would be found to be true economy.

Notes and Comments.

Back Volumes of the Reporter.

Those who desire to complete their files of the *REPORTER*, should do so at once, as the opportunity to do so cannot last much longer. These volumes contain an immense amount of valuable material in all departments of medical literature.

For particulars, and for a list of numbers we need to complete our files, see notice on last page of this number.

The Albany Medical College.

This college had a very large class at its last session, and there were fifty-three graduates. It has a very able faculty, which gives the school an excellent reputation. The following are recent appointments on the faculty—S. OAKLEY VANDERPOEL, M. D., General Pathology and Clinical Medicine; JAMES E. POMFRET, M. D., Physiology; JOHN V. LANSING, M. D., Materia Medica.

The Texas Medical Journal.

We have received the Prospectus of *The Texas Medical Journal*, to be edited by Drs. J. BORING and WM. H. GANTT, and published at Galveston. It is to be a monthly octavo of eighty pages, \$6 per annum in advance. It begins with July.

Nothing is said about the *Galveston Medical Journal*, but, as Dr. DOWELL is going to Europe, we suppose that retires from the field, for we do

not imagine that it is expected that two medical journals will be sustained in Texas. Drs. BORING and GANTT are connected with the *Galveston Medical College*. We shall greet the new journal, and bespeak for it in advance, the good will and support of the profession.

The Physician's Pocket Record.

This pocket companion and visiting list for the practising physician, is rapidly growing in favor. There is a constant sale for it, as it is adapted to use at any season of the year. It can be supplied at all times, and there is a prospect of a very heavy sale of it during the coming fall and winter.

The priced list of new remedies, classified list of medicines, with their doses and market value, fee-tables, and various other features, commend it to the favor of the profession.

Private Medical Teaching in Philadelphia.

There are various associations connected with the two medical colleges in this city for giving private instruction to medical students. Connected with these, are some of the promising young men in our profession. Among the most enterprising and energetic of these associations, is the Philadelphia Summer School of Medicine, in which Dr. H. LENOX HODGE and his associates are the instructors, and which has become quite a favorite with medical students. We are glad to know that it is well worthy of a liberal support.

The Legality of Fee-bills.

"JUDGE WYLIE, of the Supreme Court of the District of Columbia, yesterday gave an opinion that the combination of physicians to regulate their fees was an illegal combination. He reduced a physician's bill against a defendant to an amount equal to his previous charges—one-half of the attempted increase."—*Wash. dispatch*.

Will this decision of Judge WYLIE's reach other "combinations" for creating and maintaining high prices? If it costs a physician double the amount to live that it formerly did, how is he to live if he is debarred by legal decisions from increasing his fees? If the defendant in the above case was a grocer, is it "legal" for him to charge his physician one hundred per cent. more for the necessaries of life than formerly, and then refuse to pay his physician a corresponding increase for professional services rendered? This may be law, but we fail to see where the justice comes in.

ROBERT E. ROGERS, M. D., Professor of Chemistry in the University of Pennsylvania, sailed for Europe in the *Persia*, on the 26th ult.

✍ Letters from Boston and New York, and some valuable communications, including articles with illustrations from Drs. CARNOCHAN and SAYRE, of New York, intended for this number, are necessarily omitted, for want of space.

Correspondence.

DOMESTIC.

"The Status of Women Physicians."

EDITORS MEDICAL AND SURGICAL REPORTER:

I have read with interest the letter of "ANN PRESTON, M.D.," in the REPORTER of May 4th. It is plain that the reasons, direct and indirect, stated in favor of women practitioners, are quite satisfactory to the writer. To others they may not be so conclusive.

I do not wish to invite her from the "quiet path of duty" into the arena of "controversy," from which becomingly she shrinks. "Fidelity to a great cause" has prompted her to speak, and the same motive may induce her to reply to a few queries:

1. Does "ANN PRESTON, M.D.," claim, that when the point is conceded, that medical men shall consult with women doctors, there will be an end of the "vexed question," and peace restored in the professional family? (Admitting, for the present, that these women are a part of that family).

2. By what title, pray, shall we address these ladies? There is an awkwardness about it, from which I seek relief. "Miss," or "Mrs." PRESTON, I would fain use, if not distasteful to "ANN PRESTON, M.D.," for in so doing I would acknowledge the *lady*, while entertaining no design of ignoring the fact of her medical position. "Dr." PRESTON is not to my liking, nor is "Doctress" PRESTON much better. I wish to do right in this particular. While we have women practitioners, I, for one, will treat them with courtesy, and accord all the deference their attainments and worth justify. I propose to "accept the situation," with certain limits, and respectfully ask how they shall be addressed. Habit has a wonderful power to accommodate us to innovations. I am honestly at a loss. Shall I say "Dr." or "Doctress" PRESTON; or "Miss" or "Mrs." PRESTON? This case settled by "ANN PRESTON, M.D.," will suffice for future emergencies.

3. When *consultation* is granted, are women to be admitted to all professional meetings: such as medical societies, medical conventions, medical

quizzes, etc., etc., just as far as their "mental cravings" may prompt them to ask?

4. Does the authoress approve of *women and men* studying anatomy over the same dead subject—dissecting *in company* the male or female cadaver?

5. Does this lady approve of young women walking the hospitals with young men, the medical, and more especially the *surgical* wards?

6. Does she declare that it is proper and becoming for young women to witness any or all operations in the amphitheatres of hospitals, crowded with men "from pit to dome?"

7. Does she claim that *surgery* is a legitimate field of study for women?

8. If so, would she perform an operation for phymosis, fistula in the ano, or calculus; or use the catheter, on the male patient? Should *any* woman do these? Women *can* be found who can perform such operations. Should they? "To this complexion must we come at last?"

9. Some twenty ladies presented themselves at a surgical clinic and lecture in one of the New York Hospitals. The surgeon announced that the subject would be *Hernia*; and, not wishing to shock the delicacy of the fair auditors, he suggested the propriety of their withdrawal. Several hundred young men were present, and he thought it unfitting that the young ladies should remain. *They did not retire*, but occupied the *nearest seat*, while eighteen *male* patients were exhibited, necessarily *in a state of NUDITY*!

Does ANN PRESTON, M.D., endorse the course of these young *ladies*?

10. At another hospital, lithotomy was to be performed on a man. Eight members of "the little band of true-hearted women, just entering the medical profession," appeared to witness it. The surgeon, from motives of delicacy, asked them to retire, and he sat down to await the result. But they moved not. He thereupon announced that if they did not withdraw, the operation would be postponed, or done privately. *Then*, they left. Does ANN PRESTON, M.D., insist they should have remained, and that the surgeon should have surmounted his modesty, and have proceeded with the *exhibition* without a protest?

11. When women have fully attained their so-called "*right*" to practice medicine, on an equal footing with men, does ANN PRESTON, M.D. assume that they shall treat any and all diseases that "our flesh is heir to?" Shall they, in the male, treat gonorrhœa, syphilis, stricture, enlarged prostate and spermatorrhœa?

12. Shall women handle the genitals of men, apply escharotics to chancre, introduce the ure-

thrascopce, examine, with digit *in ano*, the prostate to find its condition, etc., etc., *ad infinitum*, *disgustum*, *nauseam*? "To this complexion, too, must we come at last?"

Is it to such a field that lady practitioners claim a right? And, if so, *is* it strange that the medical profession so generally oppose this "great movement"—this "evidence of the advancing civilization of the day"—this "revolution that is never to go backward?"

Though this writer may feel that she and her "little band of true-hearted women," are called to this work, though she may "appeal to heaven to witness the justice of her cause," though she may "say that she will settle the question with her God," yet there are men and women, the best and purest, the most thoughtful and liberal, who cannot agree with her. Great names, and good ones, may lend their influence to this "movement," and it may be claimed that "the moral sense of the community sustains it." There are those who fail to recognize the appropriateness of woman's entering an arena, containing so many repulsive features, and so many forbidding conditions.

There are "free-thinkers" in medical professional life on the foregoing points, just as there are "free-thinkers" in social life, "free-lovers," spiritualists, "perfectionists," "Adamites," and "Mormons." Each have, like this lady, appealed, with the same earnestness and sincerity, to the righteousness of their cause, its "inherent vitality," and its *success*, too, in justification of their acts.

Depend upon it, the greater portion of those who look with disfavor on women practitioners, do so for the very best of reasons. Experience will yet prove these objectors *right*. They do not deny that "women have souls;" they do not deny the intellectual ability of *some* women to do the same things that *men* have done; they do not desire to oppose *any* thing that will subserve the best interests of women. Their opposition has a sounder and a better basis. They see *more* than I have suggested in the foregoing queries, as reasons why women ought not to *choose* such a field wherein to gratify their "mental cravings."

One would think that the *ordeal* through which a woman has to pass, who studies *all* the branches of medical science *along with men*, witnesses *all* operations in the presence of large numbers of *men*, studies her anatomy over the stinking, decaying, mutilated cadaver, in company with men, would be enough to make any right-minded woman recoil with a shudder at the mere mention of such a career for *her*? If the communities whose "moral

sense" commends this "revolution," knew the details of this horrible curriculum *for a woman*, there is not a decent family in the land into which the admission of a woman who had passed through it, would not be, at least, *prejudiced*. Many would close their doors against her.

It may well be asked whether our "civilization" has not reached its culminating point and begun to *recede*, when women are invited to such duties as devolve on the general medical practitioner. It does violence to our enlightened views of what a woman should do. "Civilization" merely is not our safeguard. Other nations have fallen from the corruptions which their civilization had invited.

Verily, the world moves in cycles. Two hundred years ago, in England, women divided all offices and privileges with men, and there were women physicians and women surgeons. As knowledge, infused with better morals, advanced, women, with their own consent, abandoned these positions, as more appropriate for men. In the age that followed, never did there live a more intelligent, useful, and noble array of women. Never were women more respected, admired and beloved. It will be so again. This "revolution that is never to go backward," is, unfortunately, a *retrograde* movement. Society, some believe, will always right itself. So it will be in this "great movement." We shall go *forward* again, and women do as women have done in the past, or *we shall do worse*.

The secret spring of much the greater share of the opposition of medical men is this: it outrages all their enlightened estimate of what women should be. No class of men on earth respect women more, or love them more, than the members of the medical profession. They look at this question in *all* its bearings, and it shocks their refined appreciation of woman, to see her, under a mistaken view of her calling, assuming to follow a profession with repulsive details at every step—*after* the *disgusting* preliminaries have been passed. Here I rest my disfavor. To me it is enough. I can consult no great name, nor solicit the "moral sense" of *any* community, to shape my views. I have seen more than I wish to see again of women-students in hospitals and in surgical amphitheatres. I may have to see much more. But the plea of "science" cannot soon reconcile me, nor remove the impressions, which experience and observation have stamped upon my mind.

If women will devote themselves exclusively to the study and treatment of diseases peculiar to their own sex—if they will cease to mingle with

the crowds of men, such as fill our medical classes, asking all the privileges of the latter—if they will shun the witnessing of operations indiscriminately, many of which they will never be called upon to perform, and, if so, never ought to—if, by so doing, they will cease to offend all our established views of what is becoming in woman—*then*, opposition will cease. Then, thousands of hearts and hands, now passive or oppositional, will gladly open and bid them warmest welcome to every privilege that ought to be granted.

But it will, I trust, be a long time before we can be schooled *downward* to that rationalistic view which looks with no disfavor on the attempt of women to run the repulsive and disgusting medical and surgical curriculum, at every step *in company with men*. No wonder that "the doors of our hospitals and colleges have been systematically closed against *women*!" The claims of *decency* demanded it, however unjust the claimants may have deemed the exclusion. The *modesty of men* sanctioned it—strange, that the modesty and delicacy of *women* ever permitted them to *ask* admission.

J. W. SHERRY.

Brooklyn, N. Y., June, 1867.

Homœopathy.

A CARD FROM DR. PETERS.

EDITORS OF THE MEDICAL AND SURGICAL REPORTER:

I find a not very complimentary allusion to me in your Journal of June 15th.* I trust that in simple justice you will admit the following explanation:

I was thrown in with homœopathic physicians as early as my 12th year; many of those nearest and dearest to me were treated homœopathically, both in Pennsylvania and New York. As early as 1830 I became a homœopathist, in the same way that people become Methodists, Episcopalians, Catholics, Congregationalists, etc., etc. I became converted to the regular system of medicine by endeavoring to keep up with my profession, and studying the best authorities, more particularly on Pathological Anatomy and Chemistry, the theory and practice of medicine, and Materia Medica and Therapeutics. I was much aided by the following train of reasoning: similarity is not identity, but a hybrid or compound of much resemblance and some *difference*. Hence if a similar or homœopathic remedy cures at all, it

cures in virtue of the *difference* between its action and that of the disease; and in all probability the greater the difference, and the less the similarity, the more perfect and certain would be the cure.

The dose would also have to be large enough to effect an alterative or curative action. Hence there could be no such thing as a homœopathic cure, no matter what remedy was used. Every one takes place allopathically.

When I became fully convinced on these points, I made a full and unconditional surrender to the regular theory and practice of medicine.

JOHN C. PETERS, M. D.

19 East 15th St., N. Y., June 22d, 1867.

News and Miscellany.

ARMY AND NAVY.

RELIEVED.—Surgeon P. G. S. Ten Broeck has been relieved from duty in the Department of California, and ordered to report to the Surgeon-General.

ASSIGNED. The following medical officers, Assistant Surgeons recently appointed, have been assigned to duty, viz. J. H. Barcholf and Geo. S. Rose, ordered to report to Gen. Schofield; A. C. Gerard to Gen. Pope; B. B. Wilson to Gen. Ord; A. M. Cronkhite to Gen. Sheridan; N. M. O'Reilly, P. F. Asepell, C. De Witt, F. L. B. Monroe, and B. F. Pope to Gen. Meade. Geo. H. Gunn is assigned to duty at Carlisle Barracks. J. F. Louderdale in Department of California; R. Powell in Department of Columbia; A. D. Wilson to the recruiting rendezvous in New York; J. E. Wilcox to the recruiting rendezvous at Newport.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

CAMMAN—FITZ HUGH.—June 19th, by the Rev. Walter Ayrault, Edward Camman, of Geneva, N. Y., and Helen, daughter of Dr. Daniel H. Fitz Hugh, of Genesee, N. Y.

CANFIELD—PARSONS.—June 17th 1867, at the residence of the bride's parents, by Rev. Joseph Nesbit, Dr. Ira D. Canfield, Jr. and Miss Mary E. Parsons, eldest daughter of Joseph Parsons, all of Lock Haven, Clinton co., Pa.

DOWNER—LAWRENCE.—At Westfield, N. J., June 25, by the Rev. Edwin Downer, Edwin Downer, M. D., and Lucy S., youngest daughter of the late John Lawrence, of Brooklyn, N. Y.

EVERETT—HEWITT.—At the residence of the bride's father, Wm. Hewitt, Esq., June 11, by Rev. Samuel Marks, of Christ Church, Huron, Ohio, Dr. P. K. Everett, of Cleveland, Ohio, and Miss Lucy Hewitt, of East Cleveland.

HAY—OAKLEY.—In Owego, N. Y., June 18th, by Rev. A. W. Cowles, D. D., of Elmira College, Rev. Samuel C. Hay, of Crystal Lake, Ill., and Miss Sarah Elizabeth Oakley, youngest daughter of Dr. Lewis Oakley, of Owego.

HICKMAN—HUNTER.—In this city, June 26th, 1867, at St. Stephen's Church, by Rev. George Hall, Napoleon Hickman, M. D., and Miss Lottie B. Hunter, formerly of New Orleans, La.

SEARS—BROWN.—June 26, at the residence of the bride's parent, by the Rev. H. C. Hayden, Hector Sears, of New York, and Leora C., daughter of L. C. Brown, M. D., of Painesville, Ohio.

* We do not apprehend that our correspondent meant any uncomplimentary allusion to Dr. PETERS. We did not so understand him, and regret the misapprehension.—
EDS. MED. AND SURG. REP.

TRAVIS—KIRKPATRICK.—June 13th, by Rev. G. W. Mechlin, Dr. A. B. Travis, of Atwood, and Miss Melissa J. Kirkpatrick, of Dayton, both of Armstrong co., Pa.
WOODWARD—McGLASHAN.—At North Pelham, Canada West, by the bride's father, Rev. L. McGlashan, June 12, Dr. C. Merdith Woodward, of Geneva, N. Y., and Miss Mattie L. McGlashan, of the former place.

DIED.

BALL.—In New York, June 23, William W., son of Dr. A. S. Ball, aged 25 years, of consumption, contracted in the army.

BRISBANE.—At San Antonio, Texas, in month of March, Charles F. Brisbane, M. D., in the 33d year of his age.

OGDEN.—At College Point, L. I., June 18, Benjamin Ogden, M. D., aged 70 years.

ANSWERS TO CORRESPONDENTS.

Dr. H. F. W., of Md.—We should think the inhalation of medicinal fluids would be very suitable in your case. Good instruments are made by Codman and Shurtleff, Boston. They will send you a Catalogue on application.

Dr. J. A. W., of Wis.—So far as we are aware, there has been no "complete and succinct" work written on the history of medical science in America. There is an introductory essay on the subject, to the extent of ninety or a hundred pages, in Dr. JAMES TRATCHER'S "American Medical Biography" (Boston, 1823), and since then the "History of the American Medical Association," and kindred works will give you much information of the kind you wish.

Dr. J. H. B., of N. Y.—Dr. GATCHELL'S modification of Cusco's speculum will cost you \$9.00. We believe it superior to the ordinary one in use.

Dr. S. K., of Va.—We have no travelling agents whatever, except those mentioned on the second page of the cover. All others who profess to collect or receipt for us are impostors, and we warn you and all our subscribers against them. More by letter.

Dr. F. C. R., of Pa.—The Helianthemum (U. S. Sec.) has been used with great allegor. success in scrofula, but we have not employed it ourselves. The best in market is probably that put up by the Shakers. But why not collect it for yourself? Will any of our readers give us their experience with it?

Dr. R. L. J., of Mass.—For a map and prospectus of the Pacific Railroad, apply to 20 Nassau Street, New York City, Union Pacific Railroad Company.

* Other correspondents will be answered in our next.

METEOROLOGY.

June,	17.	18.	19.	20.	21.	22.	23.
Wind.....	S. W.	W.	N. E.	E.	N. E.	E.	E.
Weather....	Cl'dy.	C'dy.	Clear	Clear.	Clear.	Clear.	Cl'dy.
Depth Rain..	4 in.	2 7-10					
Thermometer.							
Minimum.....	70°	71°	62°	60°	59°	54°	60°
At 8 A. M.....	72	77	65	69	66	64	72
At 12, M.....	77	81	72	77	74	77	76
At 3, P. M.....	78	82	74	78	75	78	78
Mean.....	74.25	77.75	68.25	71.	68.50	68.25	71.50
Barometer.							
At 12, M.....	30.2	30.2	30.3	30.3	30.3	30.3	30.2
Germantown, Pa.				B. J. LEEDOM.			

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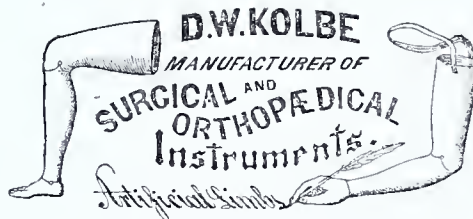
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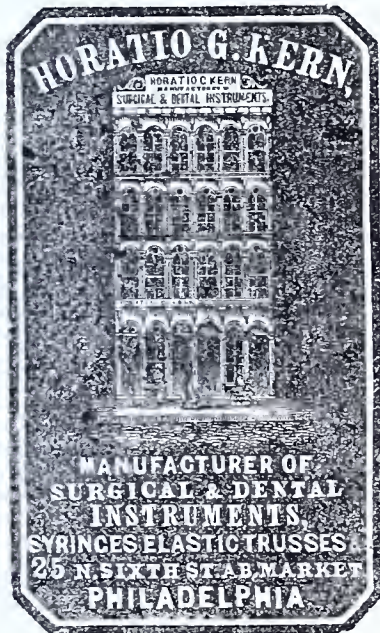
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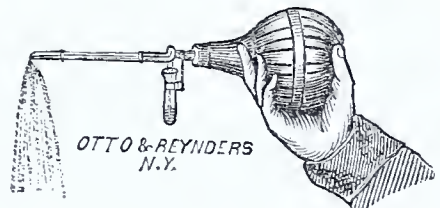
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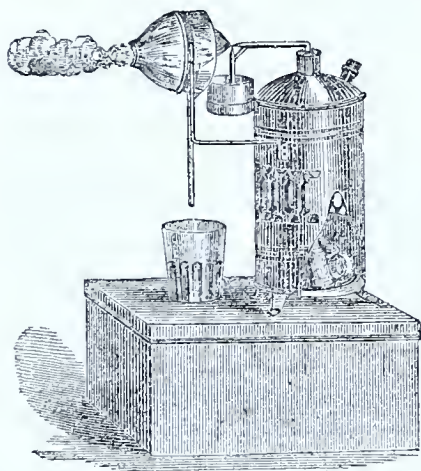
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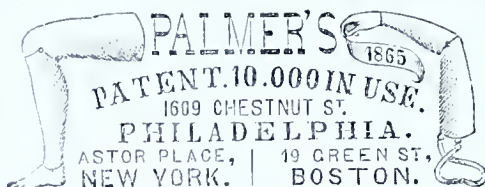
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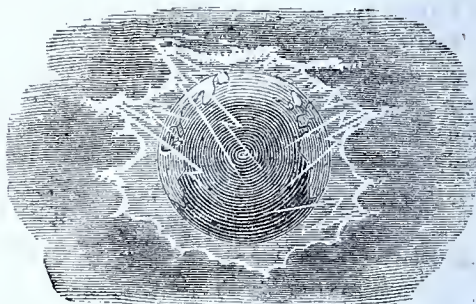
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